

PERS 10/13/10 13:42

PERSONNEL INFORMATION

NAME Mildred Thornton Grossel (Mickey)
FIRST MIDDLE LAST
ADDRESS 1101 Carolina Court
STREET NAME # & POB# APT#
City Mobile State Al Zip Code 36695
HOME PHONE# 634-4851 2nd line 634-1785
Cell or PGR#
SSN# 552-86-1837
DATE OF BIRTH 3-14-51
PLACE OF BIRTH Portsmouth Va.
CITY STATE
DATE OF EMPLOYMENT 5-88

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY (OTHER THAN AT YOUR HOME RESIDENCE)

1. NAME Kathi Allen
RELATIONSHIP TO YOU friend
ADDRESS Hunters Court
CITY Mobile STATE Al.
HOME PHONE# 660-1876 WK# 607-7231

2. NAME Stephen Clark
RELATIONSHIP TO YOU friend
ADDRESS _____
CITY Eight Mile STATE Al.
HOME PHONE# 452-2358 WK# 421-5704 cell phone

**PLAINTIFF'S
EXHIBIT**

14

State of Alabama Personnel Department
Form 40, August 1980

Code: _____

POSITION CLASSIFICATION QUESTIONNAIRE

1. Employee's Name <u>Mildred Groggel Barrett</u>		Leave Blank
2. Official or Payroll Title <u>Administrator V</u>	5. Department <u>Mental Health/Mental Retardation</u>	
3. Usual Working Title of Position <u>Program Director</u>	6. Division or Bureau <u>A. P. Brewer Developmental Center</u>	
4. Place of Work <u>Mobile</u> Tel. No. <u>633-0400</u>	7. Section or Other Unit <u>Program Services</u>	
8. Name & Title of your Immediate Supervisor: <u>Susan Stuardi, Facility Director</u>		
9. Position is fulltime <input checked="" type="checkbox"/> parttime _____ permanent <input checked="" type="checkbox"/> temporary _____ seasonal _____ intermittent _____		
10. Regular Daily Hours of Work From: <u>8:00 AM</u> To: <u>4:30 PM</u> Regular Days Off Each Week <u>Saturday & Sunday</u> Total Hours Per Week <u>40</u>		
11. If you are a supervisor, give the name and payroll titles of employees you supervise directly, if five or fewer. If you supervise more than five employees, give the number under each title. If you supervise one or more units, give the name of each unit and unit head and the number of employees in each unit by title.		
12. Describe below in detail the work you do. Use your own words and write your description so that persons unfamiliar with your work can understand exactly what you do. Indicate if your assignments change over a year's time; e.g., winter duties, summer duties, etc.		

TIME

WORK PERFORMED

See

Instructions

This is a highly responsible position which requires current knowledge of DMH/MR policies and procedures, extensive familiarity with Title XIX standards, ACDD standards, systems planning, problem solving and program development.

Duties will include but not be limited to:

1. Design, create and improve programmatic services necessary for the active treatment/habilitation of clients.
2. Design and implement a monitoring process for the active treatment system through:
 - a. Assessment and planning processes.
 - b. Implementation of training objectives and delivery of services in all areas.
 - c. Data collection, documentation and reporting of progress in all areas.
 - d. Modification of plans and services to meet changing needs.
3. Design a staff feedback system including monitoring tools.
4. Conduct in-service for staff in training methods and clinical priorities.
5. Coordinate with all service areas/departments to promote systems/process improvements which will impact active treatment.
6. Work with assigned areas to ensure compliance on standards for Title XIX, UR, DMH/MR Policies, Court Guidelines and other regulations applicable to the Center.

14. How is your work reviewed? (E.g., in detail, checked by another person, accepted as final). Work is reviewed and approved by Facility Director.

15. Describe your contacts with other departments, outside organizations, and the general public. Inter-action with all professional staff.

16. List any machines, tools, & equipment you use regularly in your work and the percent of time spent operating each.

N/A	%	%	%

17. Do you receive any maintenance benefits in addition to your cash salary? Room (). Meals (). Uniform (). Laundry (). Automobile (). Per Diem Allowance (). Other (). None (). Please describe: Access to a state car for local and long distance travel for Center related business. Eligible for per diem allowance for out-of-town trips on Center related business.

I certify that I have read the instructions, that the above answers are my own, and to the best of my knowledge that they are accurate and complete.

Date _____ Employee's Signature _____ Time spent in completing this form. _____ hrs.

STATEMENT OF IMMEDIATE SUPERVISOR

18. Comment on employee's statements, indicate where you believe they are incorrect or incomplete. Correct as stated.

19. What do you consider the most important duties of this position? Coordination of the habilitative service system for clients.

20. Does this position require maintenance, trade or craft skills? Yes _____ No X. At what level? Trainee or apprentice _____ helper _____ journeyman _____.

Does this position involve typing? No (X) Yes (). What % of time? _____ % Is typing incidental () or important ()?

22. Does this position involve shorthand? No (X) Yes (). What % of time? _____ % Is shorthand incidental () or important ()?

23. Indicate the qualifications which you think should be required in filling a future vacancy in this position. Keep the position itself in mind rather than the qualifications of the individual who now occupies it.

	Necessary Qualifications	Additional Desirable Qualifications
Education and Special Training	Graduation from a four year college or university, supplemented by a Master's Degree in Psyc., Social Work, Spec. Ed., Beh. Science or other health related field.	At least 5 years of supervisory and/or quality assurance experience.
Experience, length in years and kind	At least 2-6 years experience in a mental retardation setting.	
Licenses or Certificates Required	The same certification, licensure will be required as are required for comparable positions in community practice.	
Special knowledges, abilities, skills, physical requirements, or other factors	Broad working knowledge of Title XIX, ICF/MR, and ACDD guidelines and regulations. Extensive experience with programmatic development programming techniques and systems monitoring.	

Date _____ Immediate Supervisor's Signature _____ Time spent completing this portion of form _____ minutes.

STATEMENT OF DEPARTMENT HEAD OR OTHER APPOINTING AUTHORITY

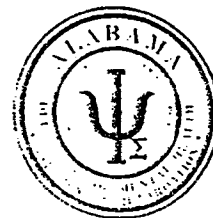
24. Comment on the above statements of the employee and the supervisor. Indicate any inaccuracies or statements with which you disagree. Please comment on the qualifications suggested by the supervisor.

Date April 1, 1994

Department Head's Signature [Signature]

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
AND MENTAL RETARDATION

RSA UNION BUILDING
100 N. UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410



DON SIEGELMAN
GOVERNOR

KATHY E. SAWYER
COMMISSIONER

April 28, 2004

Ms. Mildred Groggel
1101 Carolina Ct.
Mobile, AL 36695

Dear Ms. Groggel:

This letter is to notify you of your appointment to the exempt classification of Planning & Quality Assurance Specialist II with the Department of Mental Health effective April 17, 2004. Your rate of pay will be \$1,828.60 biweekly (Salary Range 74, Step 16).

If you have questions regarding this matter, please contact the Personnel Office at (334) 242-3112.

Please let me know if I or any member of my staff may be of assistance to you.

Sincerely,

Henry E. Ervin
Henry E. Ervin
Director of Human Resources

HEE:jo

**ALABAMA DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
PERSONNEL ACTION**

EMPLOYEE ID: 552 - 86 - 1837 APPOINTMENT ID: T. ORIGINAL APPT DATE: 10/20/90
 NAME: MILDRED GROGEL
 (FIRST,MIDDLE, LAST)

PERS ACTION/REASON: 03 C1 SUFFIX: EEO F/T FLAG: Y
 EFFECTIVE DATE: 04/17/2004 EXPIRATION DATE: 10/16/2004
 EMPLOYEE STATUS: A DATE ENTERED CLASS 04/17/2004 PROBATION END DATE: 10/16/2004
 EMPLOYMENT TYPE: 7 PERM/TEMP: P % FULL TIME: 1.0000
 L/SUB-TITLE CODE Q2000 / 1 OPTION 000 GRADE: 74 STEP: 16
 ANNUAL RAISE DATE: 04/01/2005 LEAVE PROG ST DATE: 06/07/1988 BLWOP DATE: RLWOP DATE:
 AGENCY/ORG CODE: 061 / 313E POSITION NO: 8823095 DIFF/STEPS: PAYROLL NO.: 0611
 TABLE DRIVEN PAY: Y PAY RATE \$ 1,828.60 BW AMOUNT BASIS PAY CLASS CODE BWREG
 DATE OF BIRTH: 03/14/1951 REC REEMP: WORK COUNTY 51 SEX: F ETHNIC CODE: 1

OVRD PPA: OVRD LPA:
 OVRD FLSA EX: OVRD FLSA PROFILE:
 OVRD DPA: OVRD GRADE:

PAY TYPE	RATE CODE	AMOUNT OR PERCENT	EFFECTIVE DATE	EXPIRATION DATE
01-				
02-				
03-				
04-				

AGENCY	ADDRESS	ATTRIBUTE:
ORG (FACILITY)	STREET: <u>1101 Carolina Court</u>	EDUCATIONAL LEAVEL:
SUB ORG (SECTION)	CITY: <u>Mobile</u>	YEAR DEGREE COMPLETED:
ACTIVITY (PROJECT)	STATE: <u>AL</u>	EDUCATIONAL MAJOR
OBJECT	ZIP: <u>36695</u>	SCHOOL CODE:
	TELEPHONE: <u>(251) 634-4851</u>	VETERANS STATUS

[Signature]
 APPOINTING AUTHORITY

Position was included on the EBO9 as approved by the State Director of Finance. *Quigley to SP*
 DATE 5/13/04
5-4-04
 REVIS 1/1999
Copy? - yes.

Form 13P

Revised (1/1/1998)

EMPLOYEE PERFORMANCE APPRAISAL

STATE OF ALABAMA

Personnel Department

PREAPPRAISALEmployee Name: MILDRED T GROGGERSocial Security Number: 552-86-1837Agency: 061/MENTAL HEALTH & RETARDATIONDivision: 309E/BREWER DEV CTRClassification: DIR OF MR PROGRAM SVCSClass Code: A3200Period Covered From: 03/01/2003 To: 03/01/2004

RESPONSIBILITIES/RESULTS: Responsibilities and results on which an employee will be rated should be listed below. These areas should be discussed with the employee during the Preappraisal session at the beginning of each appraisal year. Please refer to the Performance Appraisal Manual for instruction on how to develop responsibilities and results.

RESPONSIBILITIES/RESULTS

1. Provide adequate and appropriate supervision and direction to key leadership and other staff of Habilitation Services (Residential & Programming) so that its mission, objectives, requirements, and directions are developed, communicated to and carried out by Center staff as evidenced by the quality of services and supports, and compliance with policies/directives, as determined during self-assessment, supervisory, departmental, and regulatory review.
2. Manage Habilitation Service's delivery system/operations so that consumers are provided with identified needs and their rights are protected in accordance with Title XIX, federal, state, local, and Department laws, rules, regulations, policies, and guidelines, as evidenced by self-assessment, supervisory and regulatory monitoring.
3. Maintain a residential/habilitation environment of care that provides for the safety and protection of consumers so that individuals are not subjected to abuse, neglect, exploitation, or other harm of any sort, as evidenced by number, type, frequency and severity of incidents/injuries in the Center. (Average number of injuries should be no greater than the national average for developmental centers: Average of 6 to 9 injuries per person per year.)
4. Maintain Medicaid Title XIX ICF/MR certification of the Center without "jeopardy" status or less than "certified" status by ensuring compliance with standards of care and norms of applicable certification standards.

Ensure that all programmatic services necessary for the total habilitation of individuals who live at the Brewer Center are provided in compliance with all standards, laws and regulatory guidelines as evidenced by administrative review. This is accomplished by:

5. Serving as a member of the facility's senior management team and participates in Task Forces/Committees as necessary.
6. Representing the facility in interactions with families, DMH/MR and other agencies, professional colleagues and the general public.
7. Ensure in-service training of all staff assigned to Habilitation Services is completed in a comprehensive and timely manner as evidenced by administrative review.
8. Develop an annual Habilitation Services strategic plan that is part of the facility's overall strategic plan.
9. Reviews and evaluate expenditures.

WORK HABITS: Provide check in the appropriate space when policies and procedures concerning the following areas have been discussed with the employee. In particular, the attendance and punctuality policies should be provided to the employee in writing. For instructions, refer to the performance appraisal manual and policies of the agency.

CHECK IF DISCUSSED:

✓
✓
✓
✓

Attendance

Punctuality

Cooperation with Coworkers

Compliance with Rules

PREAPPRAISAL SIGNATURES: Date of Session: _____

Employee Signature: _____

Rater Signature: _____

Reviewer Signature: _____

MIDAPPRAISAL

Describe the employee's performance strength(s) as observed during the first half of the appraisal period.

Describe area(s) of the employee's performance that need improvement as observed during the first half of the appraisal period.

Document the action plan that has been discussed to improve the areas of weakness.

Midappraisal has been held and performance has been discussed:

Signature: _____

Rater Signature: _____

Form 13

Revised (1/1/1999)

EMPLOYEE PERFORMANCE APPRAISAL

STATE OF ALABAMA

Personnel Department

Range
 100% Number
 of Steps

Employee Name: Mildred T Groggel Social Security Number: 552-86-1837Agency: 061/Mental Health & Retardation Division: 309E/Brewer Dev CtrClassification: Dir of MR Program Svcs Class Code: A3200Period Covered From: 03/01/2002 To: 03/01/2003 Annual Raise Effective: May 2003**APPRAISAL SIGNATURES:** Signatures are to be provided after the form has been completed.

Rating Supervisor

Employee

Reviewing Supervisor

SSN: _____

Signature

Date

Initial if comments are attached

Signature

Date

Initial if comments are attached

SSN: _____

Signature

Date

Initial if comments are attached

PERFORMANCE APPRAISAL SCORE: Locate the Responsibility Score on the back of this form and write it in the appropriate space. Locate the Disciplinary Score, also on the back of this form, and write it in the appropriate space. The Disciplinary Score is subtracted from the Responsibility Score to derive the Performance Appraisal Score.

34 0 = 34
 Responsibility Score Disciplinary Score Performance Appraisal Score

This employee's work:

☐

Does Not Meet
Standards
(6.6 or below)

☐

Partially Meets
Standards
(6.7 - 16.6)

☐

Meets
Standards
(16.7 - 26.6)

☒

Exceeds
Standards
(26.7 - 36.6)

☐

Consistently
Exceeds Standards
(36.7 - 40)

WORK HABITS: Check the appropriate box for each work habit area. If "Noncompliance" is to be marked, a step of the discipline system (warning, reprimand, suspension) must have been taken with the employee during the appraisal period. See the Disciplinary Actions area on the back of this form for disciplinary documentation.

Compliance

Noncompliance

Attendance

☒☐

Punctuality

☒☐

Cooperation with Coworkers

☒☐

Compliance with Rules

☒☐

RESPONSIBILITIES: List an abbreviated version of the employee's responsibilities below as documented on and discussed during the Preappraisal. Record the appropriate rating in the box for each responsibility. Rating(s) of appropriate responsibilities should reflect any disciplinary action(s) that has been taken during this appraisal period.

0	1	2	3	4
Does Not Meet Standards	Partially Meets Standards	Meets Standards	Exceeds Standards	Consistently Exceeds Standards

Responsibility	Rating
Provide adequate and appropriate supervision and direction to key leadership and other staff of Habilitation Services.	3
Manage Habilitation Service's delivery system/operations so that consumers are provided with identified needs and rights are protected.	4
Maintain a residential/habilitation environment of care that provides for the safety and protection of consumers.	4
Maintain Medicaid Title XIX ICF/MR certification of the Center without "jeopardy" status or less than "certified" status.	4
Serves on the facility's senior management team and participates in Task Forces/Committees.	4
Represents the facility in interactions with families, DMH/MR and other agencies, professional colleagues and the general public.	3
Ensure in-service training of all staff assigned to Habilitation Svcs.	3
Develop an annual Habilitation Services strategic plan.	3
Reviews and evaluate expenditures.	3
10. _____	

RESPONSIBILITY SCORE:

31	÷	9	=	3.4	x	10	=	34
Total of Responsibilities/Results Ratings		Number of Responsibilities		Average Responsibility Rating				Responsibility Score

DISCIPLINARY ACTIONS: Any disciplinary action taken with the employee during this appraisal period is to be listed below. For each area, list the specific disciplinary step taken, the date of action, and the reason or unwanted behavior it involved. Copies of disciplinary documentation are to be maintained in the agency's personnel files. Remember, appropriate responsibilities and work habit(s) should reflect the fact that performance required disciplinary action.

DISCIPLINARY SCORE: This section should include the use of the discipline steps of reprimand and suspension only. The Disciplinary Score does not include warnings (oral). Warnings are documented only in the Work Habits and Disciplinary Actions areas. Identify the most severe step of the discipline system that has been utilized with the employee during this appraisal period. If the most severe step was one or more reprimands, the Disciplinary Score will be 7. If the most severe step was one or more suspensions, the Disciplinary Score will be 17. Otherwise, the Disciplinary Score will be zero.

DISCIPLINARY SCORE: _____



APPLICATION FOR PROFESSIONAL EMPLOYMENT

Exempt Classification

RETURN TO:

Albert P. Brewer Developmental Center
Department of Mental Health & Mental Retardation
P. O. Box 8467
Mobile, AL 36689-0467
(205) 633-0400

GENERAL INSTRUCTIONS:

Complete all portions of this application that are applicable to you and the position for which you are applying. Failure to do so may result in your not being considered for the position for which you are applying. Type or print clearly in ink.

AN EQUAL OPPORTUNITY EMPLOYER

Full Name: <u>Mildred Thornton Groggel</u> <small>First Middle Last</small>			Title of Position For Which You Are Applying: <u>Planning & Quality Assurance Specialist IV</u>		
Address: <u>173 North Mendenhall</u> <small>House or Apartment No. Street</small> <u>Memphis</u> <u>Tn.</u> <u>38117</u> <small>City State Zip Code</small>			Date of Birth: <u>3/14/51</u> <small>Mo. Day Yr.</small>		
Telephone Number: <u>(901) 685-0133</u> Home Office: <u>(901) 527-5211</u>			Place of Birth: <u>Portsmouth</u> <u>Virginia</u> <small>City County State</small>		
Legal Residence: <u>Same as above</u> <small>City County State</small>			Social Security Number: <u>552-86-1837</u>		

NOTE: This Department is an equal opportunity employer. To comply with federal reporting requirements we must maintain statistics on employees of protected classes.

EDUCATION High school graduate or GED? ☒ Yes ☐ No
 If no, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name and location of business, correspondence, or vocational school attended:	FROM		TO		Did you Graduate?	Area of Study	Degree
	(Mo.)	(Yr.)	(Mo.)	(Yr.)			

Name and location of Colleges and Universities Attended	FROM		TO		Did you Graduate?	Field(s) of Study		Degree and Date
	(Mo.)	(Yr.)	(Mo.)	(Yr.)		Major(s)	Minor(s)	
<u>Memphis State University</u> <u>Memphis, Tennessee</u>	<u>9/69</u>	<u>12/72</u>	<u>Yes</u>			<u>Special Education</u>	<u>Speech Drama</u>	<u>BSE 1972</u>
<u>Memphis State University</u>	<u>6/72</u>	<u>12/75</u>	<u>Yes</u>			<u>Special Education</u>	<u>Psychology</u>	<u>MED 1975</u>
<u>Graduate or Professional School</u> <u>Memphis State University</u>	<u>2/75</u>	<u>Present</u>	<u>No</u>			<u>Special Education</u>		

If you attended college, but did not graduate, show credit received. Sem. hrs. _____ Otr. hrs. _____

List professional certificate(s) or license(s) and state where issued:
Teaching certification in Special Edu. + Speech 000483710 Tennessee

List below courses included in your education which are particularly related to the duties or qualifications of the position for which you are applying.

Subjects	Sem. hrs.	Otr. hrs.	Subjects	Sem. hrs.	Otr. hrs.
<u>Special Education Courses</u> <u>Methods + Materials</u> <u>Teaching EMR's</u> <u>Teaching TMR's</u> <u>Teaching SMR + PMR</u>	<u>60</u>		<u>Behavior Management</u> <u>Speech + Public Speaking</u>	<u>21</u> <u>21</u>	

CERTIFICATE (Must be signed in ink by applicant):

I certify that all statements on or attached to this application are true and correct to the best of my knowledge. I understand that any false statements may cause me to be refused the opportunity of employment or cause my employment to be immediately terminated without recourse to due process or protection provided by law.

Signed: Mildred T. Groggel Date: 3/6/88

REFERENCES

List three reliable persons, not relatives or present employer, who know you well enough to give information about you.

Name	Address	Occupation
Russell White	Arlington Developmental Center P.O. Box 399 Arlington, TN 38002	Superintendent
Dr. Stephen Bell	Mid-South Hospital 135 N. Pauline Memphis, TN	Psychologist
Dr. Wellington Mack	Arlington Developmental Center	Assistant Superintendent for Comm. Services

Do you have any physical handicaps or health problems that would keep you from doing the kind of work for which you are making application?

Yes ☐ No ☒

Have you ever been involuntarily terminated or forced to resign from a position?

Yes ☐ No ☒

Have you ever been convicted of a law violation other than a minor traffic violation?

Yes ☐ No ☒

If you answered "Yes" to any of the above questions, attach an explanation on a separate sheet.

WORK HISTORY

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME IS ATTACHED

Beginning with your PRESENT or most recent employment, list in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Describe in detail your specific duties as they relate to the duties of the position for which you are applying. (Attach additional sheets if necessary)

1. Current or Last Employer Mid-South Hospital				Your Official Job Title Program Director		Exceptional Problems Unit children + Young Adults	
Address 135 N. Pauline Memphis, TN				Type of Business Psychiatric Hospital			
FROM Month Year	TO Month Year	Total Months	If part-time, number of hours per week	Beginning Salary	Ending Salary	May we contact employer? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5/87	Present	10		\$38,000 per year	\$40,000 per year		
Number/Title of Employees you Supervised 2 - Psychologists, Nurses, Teachers, Social Workers, Program Team Leaders			Equipment you Operated		Reason for Leaving		
Describe your Duties in Detail: Program Coordinators, mental health workers, Activity Therapists. Responsible for the total operation of 2 psychiatric units housing 50 children + adolescents. Responsible for all personnel actions, staffing patterns, clinical assignments. Budgets, Medicaid certification + JCAH accreditation. Serves as liaison with other hospitals + referral sources. Responsible for all programming + educational services provided the patients on the 2 floors. Maintains a constant census consistent with FTE's. Provides ongoing staff development + QA Workshops meeting federal + state regulations.							
2. Employer Arlington Developmental Center				Your Official Job Title Director of Standards Compliance + Records		Type of Business MR State Institution ICF/MR	
Address P.O. Box 399 Memphis, TN 38002							
FROM Month Year	TO Month Year	Total Months	If part-time, number of hours per week	Beginning Salary	Ending Salary		
4/83	5/87	49		\$25,000 per year	\$30,000 per year		
Number/Title of Employees you Supervised 16 - Director of Medical Records, Director of Training, 2 Program Directors, Media Specialist			Equipment you Operated		Reason for Leaving		
Describe your Duties in Detail: Program Coordinator + 10 Support Staff. Responsible for maintaining Medicaid eligibility + ACDD accreditation, Managed 5 departments: Staff Development, Medical Records, Program planning, Life Safety/Environment + the Library. Member of the Executive Staff + served as AOD once weekly, Chairperson of QA + UR committees, Hearing officer for Admissions Review Board. Directed + supervised in-house survey team for compliance with state + federal standards, Conducted + supervised weekly chart audits, Interpreted ICF/MR + ACDD standards, Implemented + supervised B-mod programs, training objectives + Developed + conducted staff							

